

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		40501
FEE DETERMINATION		21	9/29/01
O.I.P.E. CLASSIFIER		705	10/19/01
FORMALITY REVIEW	co		
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Date			
Final	Original	5	7	10
1	1	4	7	
2	2	5	15	
3	3	6	16	
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17	17			
18	18	✓	✓	✓
19	19	✓	✓	✓
20	20	N		
21	21	✓	✓	
22	22	N		
23	23	✓	✓	
24	24	N		
25	25	✓	✓	
26	26	N		
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45	45		N	
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Claim	Date			
Final	Original	51	52	53
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Claim	Date			
Final	Original	101	102	103
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If more than 150 claims or 10 actions  
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